UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,598	11/20/2001	Yong F. Zhang	ZHA-101	3871
Yong Zhang	7590 02/11/200	8	EXAMINER	
2815-143rd Pla			NGUYEN, TUAN N	
Mill Creek, WA 98012			ART UNIT	PAPER NUMBER
		2828	2828	
			MAIL DATE	DELIVERY MODE
			02/11/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	09/990,598 ZHANG ET AL.		
merview dummary	Examiner	Art Unit	
	TUAN N. NGUYEN	2828	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>TUAN N. NGUYEN</u> .	(3)		
(2) <u>Dr. Yong Zhang</u> .	(4)		
Date of Interview: 04 February 2008.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊠ applicant	2) <mark> applicant's representati</mark> ve	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached.	g)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the genera reached, or any other comments: <u>Case 09/990 598 is abar</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached	copy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OF THE SUBSTANCE OF THE INTER Requirements on reverse side or on attached sheet.	e last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS HIS
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action	Examiner's signature, if requi	red	

Application No.

Applicant(s)